

**FEC
FORM 1****STATEMENT OF
ORGANIZATION**

Office Use Only

1. NAME OF COMMITTEE (in full) ☐ (Check if name is changed) Example: If typing, type over the lines.

12FE4M5

Fresenius Medical Care North America PAC

ADDRESS (number and street)

801 Pennsylvania Avenue, NW

☐ (Check if address is changed)

Suite 255

Washington

CITY ▲

DC

STATE ▲

20004-

ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS

☒ (Check if address is changed)

outsourcing@aristotle.com

Optional Second E-Mail Address

COMMITTEE'S WEB PAGE ADDRESS (URL)

☐ (Check if address is changed)

2. DATE

12 / 17 / 2015

3. FEC IDENTIFICATION NUMBER ►

C C00401299

4. IS THIS STATEMENT ☒ NEW (N) OR ☐ AMENDED (A)

I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Eric Bishop

Signature of Treasurer Eric Bishop

[Electronically Filed]




Date

12 / 18 / 2015

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. §437g.

ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS.

Office
Use
OnlyFor further information contact:
Federal Election Commission
Toll Free 800-424-9530
Local 202-694-1100**FEC FORM 1**
(Revised 06/2012)

1.  FEC ID number **C** 
2.  FEC ID number **C** 
3.  FEC ID number **C** 
4.  FEC ID number **C** 

Write or Type Committee Name

Fresenius Medical Care North America PAC**6. Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor**

Fresenius Medical Care North America

Mailing Address

920 Winter St

Waltham

MA

02451-1521

CITY

STATE

ZIP CODE

Relationship: ☒ Connected Organization ☐ Affiliated Committee ☐ Joint Fundraising Representative ☐ Leadership PAC Sponsor**7. Custodian of Records:** Identify by name, address (phone number -- optional) and position of the person in possession of committee books and records.

Full Name

Mailing Address

Title or Position

CITY

STATE

ZIP CODE

Telephone number

8. Treasurer: List the name and address (phone number -- optional) of the treasurer of the committee; and the name and address of any designated agent (e.g., assistant treasurer).Full Name
of Treasurer

Eric Bishop

Mailing Address

920 Winter St

Waltham

MA

02451-1521

CITY

STATE

ZIP CODE

Title or Position
Treasurer

Telephone number

781

699

4122

Full Name of
Designated
Agent

Mailing Address

Title or Position

Telephone number

9. **Banks or Other Depositories:** List all banks or other depositories in which the committee deposits funds, holds accounts, rents safety deposit boxes or maintains funds.

Name of Bank, Depository, etc.

Comerica Bank

Mailing Address

P.O. Box 75000

MC 2250

Detroit

MI

48275

CITY

STATE

ZIP CODE

Name of Bank, Depository, etc.

BB&T

Mailing Address

317 Pennsylvania Ave, SE

Washington

DC

20003-2000

CITY

STATE

ZIP CODE

: 97 `A-G79 @G B9CI G`H9LH`F9 @H98 `HC`5 `F9DCFHŽG7 <98I @`CF`+H9A-N5HCB
.

Form/Schedule: F1N
Transaction ID :

Adding second bank account and updating committee e-mail address.

Form/Schedule:
Transaction ID: